

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14090**
Registrar's No. **98**

Registration District No. **213**

Primary Registration District No. **3014**

1. PLACE OF DEATH:

- (a) County **Cable**
(b) City or town **Jefferson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **CHARLES L. CAMPBELL**

3. (b) If veteran, name war **770** 3. (c) Social Security No. **770-12-5111**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Blanche Campbell** 6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **JUNE 11 1917**
(Month) (Day) (Year)

8. AGE: Years **24** Months **10** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business **Dairy Products**

12. Name **Charles L. Campbell**

13. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Wendy Hall**

15. Birthplace **1 Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **I am Landers**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **4/21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City and California**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **Apr 19-42** (b) **Jas A. Hill**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Montgomery**
(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **City** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19th** year **1942** hour **4:00** minute **7** M.

21. I hereby certify that I attended the deceased from **April 16th** to **April 19th** 19**42**
that I last saw him alive on **April 18th** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Dissect of Brain** Duration _____

Due to _____

Due to _____

Other conditions **Dissect of Brain**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Emphysema of Lungs**
Of autopsy **Dissect of frontal lobe of Brain**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. A death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Stanley Howard** (M. D. or other) _____
Address **Jefferson City, Mo.** Date signed **4/14/42**

844 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 1942

JUL 1 1942

FEB 11 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed: *Earl R. Bowlin*

Licensed Embalmer No. *2126*

P. O. Address: *California Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.